PTO/SB/01A (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	Pharmaceutical	Salts of Reboxetine						
As the below named inventor(s), I/we declare that:								
This declara	ation is directed to) :						
	V	The attached application, o	г					
		Application No.	, filed on	1				
		as amended on		(if applicable);				
I/we believe sought;	e that I/we am/are	the original and first inven	tor(s) of the subject matter which i	s claimed and for which a patent is				
	eviewed and und t specifically refer		above-identified application, includ	ing the claims, as amended by any				
material to became av	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.							
to be true, a punishable	and further that th	ese statements were made	ue, all statements made herein on i with the knowledge that willful false S.C. 1001, and may jeopardize the	e statements and the like are				
	E OF INVENTOR Annalisa Airol	• •						
Signature:	e: Annalisa Airol	ise Ainold	Citizen of:	Italy				
Inventor tw	o: _Alessando Ma	artini						
Signature:	x Dem	rd-Pali	Citizen of:	Italy				
Inventor thi	Inventor three: Massimo Zampieri							
Signature:	× Andr	in Holan	Citizen of:	Italy				
Inventor for	7 ,							
Signature:			Citizen of:					
Addit	tional inventors or a	legal representative are being	named on	additional form(s) attached hereto.				

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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	Application Number					
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS	Filing Date					
	First Named Inventor	Annalisa Airoldi, et al.				
	Title	Pharmaceutical Salts of Reboxetine				
	Art Unit					
INDICATION FORM	Examiner Name					
	Attorney Docket Number	PC27270A				

I hereby revoke all previous powers of attorney given in the above-identified application.											
I hereby appoint:											
V	Practitioners associated with the Customer Number: 28880										
	OR		l								
	Practitioner(s) named below:										
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Pleas	se recognize or ch	nange the	e correspondence address for t	he above	-identifie	d appl	ication to:				
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V	The address		ted with Customer Number		2888	30					
	OR	associai	ted with Customer Number:					<u> </u>			
	Firm or Individual	Name	David R. Kurlandsky								
	Address		Warner-Lambert Compa 2800 Plymouth Road	any LLC	;						
	City		Ann Arbor			State	Michigan		Zip 48	3105	
	Country		U.S.A		_						
	Telephone		734-622-7304			Fax	734-622-292	28			
I am the: Applicant/Inventor.											
	Assignee of r Statement ur	ecord of oder 37 C	the entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form	R 3.71. <i>PTO/SB</i> /	96)						
SIGNATURE of Applicant or Assignee of Record											
Sign	ature	XAR	eurdo Truli					Date	July	3, 2006	
Nam	e		ndro Martini					Telephone	V		
Title	and Company	Scient	ist								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
	*Total of		forms are submitted.								

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Application Number	rmation unless it displays a valid OMB control number.
Filing Date	
First Named Inventor	Annalisa Airoldi, et al.
Title	Pharmaceutical Salts of Reboxetine
Art Unit	
Examiner Name	
Attorney Docket Number	PC27270A

I hereby revoke a	II previo	ous powers of attorney give	ven in the ab	ove-id	entified applic	cation.			
I hereby appoint:									
Practitioners associated with the Customer Number: 28880									
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The addres	s associa	ted with Customer Number:	288	380					
Firm or Individua	Name	David R. Kurlandsky							
Address		Warner-Lambert Compa	any LLC						
City		2800 Plymouth Road Ann Arbor		State	Michigan		Zip 48105		
Country		U.S.A			Ţg.		<u> </u>		
Telephone	-	734-622-7304		Fax	734-622-29	28			
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
Statement u	11081 37 C			colonos	of Pocord	 			
	1 . 0	SIGNATURE of		ssignee		T = .	I H 1. 2 2006		
Signature		walis Anolo	(Date	July 3, 2006		
Name		sa Airoldi				Telephone	<u> </u>		
Title and Company	Scient								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
*Total of		forms are submitted.							

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Art Unit	
Examiner Name	
Attorney Docket Number	PC27270A

I her	eby revoke all previo	ous powers of attorney give	en in the ab	ove-id	entified applica	ation.			
I her	eby appoint:	Γ							
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Trade	emark Office connected th	erewith.		•					
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ات	The address association	ted with Customer Number:				J			
	Firm or Individual Name	David R. Kurlandsky							
	Address	Warner-Lambert Compa	iny LLC						
		2800 Plymouth Road			··				
	City	Ann Arbor		State	Michigan		Zip 48	105	
	Country	U.S.A			T704 C00 000				
1	Telephone	734-622-7304		Fax	734-622-292	8			
ı am ✓	the: Applicant/Inventor.								
		the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form							
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